

## **Refuse Container Agreement**

Dated:	MONTH	<u>DAY</u> , 20	22
I, PAINTED NAME for additional refuse container	(Customer) ag r(s).	gree to the followin	ng terms and conditions
<ol> <li>Customer agrees to pay container requested and</li> <li>Customer agrees that the minimum of 12 months.</li> </ol>	d provided by the Com ne additional containe	nmissioners of St. N	lichaels (COSM).
<ol> <li>Customer will be resported additional container(s) amonth period.</li> </ol>	·		
4) Customer agrees that the bill or separately.	ne COSM may bill for t	his service as part c	of the customers utility
5) The customer requests	# additional conta	ainers beginning	MONTH of
SIGNATURE		SIGNATUR	E
Customer	On	Behalf of the COSM	1



## **Additional Trash/Recycle Cans**

Start Date:		 	
End Date:			
	¥		
Contacti			
CONTACT		 27	
ol at f			
Phone Number:			
Business:		 <del>.</del>	
Physical Addres	s:	 	
			3' 0'
Billing Address:		 	
	Trash	Recycle	
	# Of Additional Cans	 # Of Additional Cans	